



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

RECEIVED

JUL 16 2018

NEW HAMPSHIRE
DEPARTMENT OF STATE

P I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karoutas, Leann Moccia, Chris Herr

L II. Name of lobbyist's partnership, firm or corporation, if any:

A Legislative Solutions, L.L.C.
S (Name of partnership, firm or corporation)
E

P III. Name of Client _____ Date July 19, 2018

R I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the
T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: Daniels Gary
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: Morse Chuck
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: Avard Kevin
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

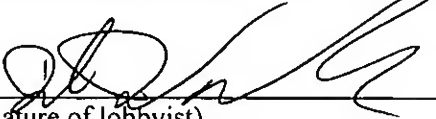
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If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)

July 19, 2018

(Date)

Debra Vanderbeek

(Print Name of lobbyist)



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S (Name of partnership, firm or corporation)

P III. Name of Client

Date July 19, 2018

R I Political Contributions

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T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: Innis Dan
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: Ward Ruth
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: D'Allesandro Lou
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking Senate

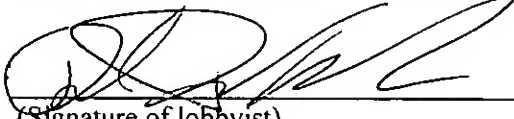
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.


(Signature of lobbyist)

July 19, 2018

(Date)

Debra Vanderbeek

(Print Name of lobbyist)



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II. Name of lobbyist's partnership, firm or corporation, if any:

Legislative Solutions, L.L.C.

(Name of partnership, firm or corporation)

III. Name of Client _____

Date July 19, ~~April 9,~~ 2018

Political Contributions

For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: Bradley Jeb
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: Ward Ruth
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: Carson Sharon
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

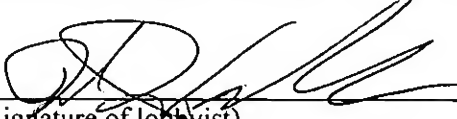
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If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.


(Signature of lobbyist)

July 19, 2018
(Date)

Debra Vanderbeek
(Print Name of lobbyist)



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L
E II. Name of lobbyist's partnership, firm or corporation, if any:

A
S Legislative Solutions, L.L.C.

E (Name of partnership, firm or corporation)

P III. Name of Client _____ Date July 19, 2018

R I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the
T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: Boutin David
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: Wolf Terry
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: _____
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ _____ Office Candidate is Seeking _____

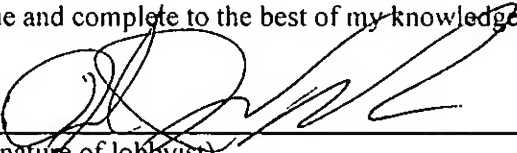
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.


(Signature of lobbyist)

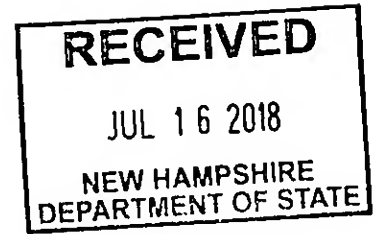
July 19, 2018

(Date)

Debra Vanderbeek

(Print Name of lobbyist)

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15



Use this form to swear or affirm the truth and completeness of
Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Legislative Solutions

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): _____

Date of Report (check one):

April 25, 2018 ☐ July 25, 2018 ☒ October 31, 2018 ☐ January 30, 2019 ☐

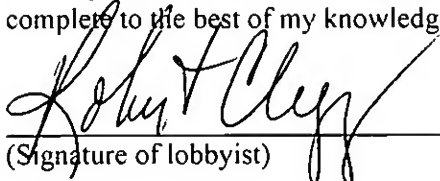
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and
the following Addendums submitted with that Statement (insert the number of Addendum forms being
submitted):

_____ Addendum A(s).

_____ Addendum B(s).

X Addendum C(s).

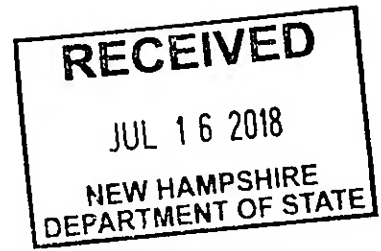
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and
complete to the best of my knowledge and belief.


(Signature of lobbyist)

July 19, 2018
(Date)

Robert Clegg
(Print Name of lobbyist)

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15



Use this form to swear or affirm the truth and completeness of
Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Legislative Solutions

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): _____

Date of Report (check one):

April 25, 2018 ☐ July 25, 2018 ☒ October 31, 2018 ☐ January 30, 2019 ☐

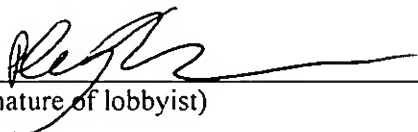
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and
the following Addendums submitted with that Statement (insert the number of Addendum forms being
submitted):

_____ Addendum A(s).

_____ Addendum B(s).

X Addendum C(s).

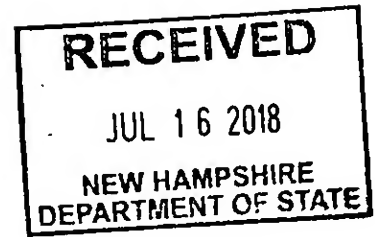
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and
complete to the best of my knowledge and belief.


(Signature of lobbyist)

July 19, 2018
(Date)

Periklis Karavatas
(Print Name of lobbyist)

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15



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Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Legislative Solutions

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): _____

Date of Report (check one):

April 25, 2018 ☐ July 25, 2018 ☒ October 31, 2018 ☐ January 30, 2019 ☐

I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and
the following Addendums submitted with that Statement (insert the number of Addendum forms being
submitted):

_____ Addendum A(s).

_____ Addendum B(s).

X Addendum C(s).

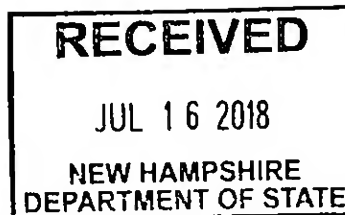
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and
complete to the best of my knowledge and belief.

Leann Maccia
(Signature of lobbyist)

July 19, 2018
(Date)

Leann Maccia
(Print Name of lobbyist)

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15



Use this form to swear or affirm the truth and completeness of
Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Legislative Solutions

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): _____

Date of Report (check one):

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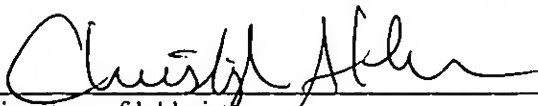
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_____ Addendum A(s).

_____ Addendum B(s).

X Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and
complete to the best of my knowledge and belief.


(Signature of lobbyist)

July 19, 2018
(Date)

Chris Herr
(Print Name of lobbyist)